

Appendix 12
Child Care Coordination Monthly Time Log for Ongoing Care Coordination and Monitoring (Completed Sample Format)

Client (Last, First, MI): Recipient, Im A.					Month: 06 Year: 1999
Wisconsin Medicaid ID Number: 1234567890			Care Coordinator-- Name: Jayne Smith Title: Care Coordinator		
Agency: Care Coordination Agency					
Description Codes (to be used in the second column below) RF=Recipient Contact - Face-to-Face CF=Collateral Contact - Face-to-Face RT=Recipient Contact - Telephone CT=Collateral Contact - Telephone S=Staffing/Consultations R=Record-Keeping					
Date	Code	Place of Service	Hours	Minutes	Documentation of Activities
6/4/1999	RT	Office	1	00	Called Recipient X to remind her of baby's upcoming HealthCheck appointment. Made sure she knew the clinic's name and location and the pediatrician's name. Answered Recipient X's questions regarding the appointment, transportation arrangement and child care for her other children. Provided her with the name and telephone numbers of several transportation and day care providers in the area. Made plans with the recipient for a follow-up home visit. <i>J.S., Care Coordinator</i>
6/9/1999	RF	Recipient Home		45	Visited Recipient X at home. Followed up on HealthCheck visit and previous referrals. Reminded recipient about WIC visit. Reminded recipient about community food pantry. Discussed child care and transportation options for recipient. <i>J.S., Care Coordinator</i>
6/16/1999	S/RF	Office	1	45	Called several local charities to help family get clothing. Also called several agencies looking for respite care. Found agency and arranged for ongoing respite care. Provided recipient with written referral for respite care and name and address of Wehelp Clothing Organization. <i>J.S., Care Coordinator</i>
6/28/1999	R	Office		15	Chart notations, preparation of appointment schedule for client. <i>J.S., Care Coordinator</i>
Monthly Total <u>3 hrs., 45 min.</u>			Total Units <u>3.8</u> Refer to Appendix 6 of this handbook for rounding guidelines		